V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12536

Primary Registration District No.

Registrar's No. 3658

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 28
(c) City or town Cuba
(If outside city or town limits, write "RURAL")
(d) Street No. R.O
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Godfrey Declue
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased April (Month) 2 (Day) 1866 (Year)

8. AGE: Years 76 Months 0 Days 22 If less than one day hr. min.

9. Birthplace Washington Co, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Paul Declue
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Sallie Jackson
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Declue
(b) Address 1863 so. 11th
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/25/542 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mine Mo.
18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington
19. (a) APR 24 1942 (Date received local registrar) (b) J. L. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1942 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from April 23, 1942 that I last saw him alive on April 23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Strangulated Left Ing. hernia	24 hours
Due to Constriction at internal ring	24 hrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Strangulated Ing hernia containing intestine
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury
23. Signature John D Hopwood (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....2171.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.